

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097448 (1)**

1. Corporation Name  
**DIRECT RESPONSE MARKETING OF ORLANDO, INC.**



Principal Place of Business: **12450 AUTOMOBILE BLVD. CLEARWATER FL 34622**  
Mailing Address: **12450 AUTOMOBILE BLVD. CLEARWATER FL 34622**

2. Principal Place of Business: **21 7033 STAPOINT CT**  
Suite, Apt. #, etc.  
**22 WINTER PARK, FL**  
City & State  
Zip: **23 32792** Country: **25**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **27**  
City & State: **28**  
Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **12/27/1995**  
3a. Date of Last Report: **12/27/1995**  
4. FEI Number: **59-3349760** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**GASSMAN, ALAN S ESQ.**  
**1245 COURT STREET, SUITE 102**  
**CLEARWATER FL 34616**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
12. OFFICERS AND DIRECTORS  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: <b>D</b>	<input type="checkbox"/> DELETE	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: <b>GASSMAN, ALAN S</b>		2. NAME: _____	
3. STREET ADDRESS: <b>12450 AUTOMOBILE BLVD.</b>		3. STREET ADDRESS: _____	
4. CITY-ST-ZIP: <b>CLEARWATER FL 34622</b>		4. CITY-ST-ZIP: _____	
5. TITLE: _____	<input type="checkbox"/> DELETE	2. TITLE: <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME: _____		2. NAME: <b>W J LATVALA</b>	
7. STREET ADDRESS: _____		3. STREET ADDRESS: <b>7033 STAPOINT CT</b>	
8. CITY-ST-ZIP: _____		4. CITY-ST-ZIP: <b>WINTER PARK, FL 32792</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
9. TITLE: _____	<input type="checkbox"/> DELETE	3. TITLE: <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME: _____		3. NAME: <b>NANCY J MILSTEAD</b>	
11. STREET ADDRESS: _____		4. STREET ADDRESS: <b>7033 STAPOINT CT</b>	
12. CITY-ST-ZIP: _____		5. CITY-ST-ZIP: <b>WINTER PARK, FL 32792</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13. TITLE: _____	<input type="checkbox"/> DELETE	4. TITLE: <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME: _____		4. NAME: <b>CHARLES BARNETT JR.</b>	
15. STREET ADDRESS: _____		5. STREET ADDRESS: <b>7033 STAPOINT CT</b>	
16. CITY-ST-ZIP: _____		6. CITY-ST-ZIP: <b>WINTER PARK, FL 32792</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE: _____	<input type="checkbox"/> DELETE	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME: _____		6. NAME: _____	
19. STREET ADDRESS: _____		6. STREET ADDRESS: _____	
20. CITY-ST-ZIP: _____		7. CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE: _____	<input type="checkbox"/> DELETE	7. TITLE: _____	
22. NAME: _____		8. NAME: _____	
23. STREET ADDRESS: _____		8. STREET ADDRESS: _____	
24. CITY-ST-ZIP: _____		9. CITY-ST-ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *W J Latvala* DATE: **3/29/96**  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (12/95)